

Combined Declaration for Patent Application and Power of Attorney

As a below-named inventor, I hereby declare that
 My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first
 and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the
 subject matter which is claimed and for which a patent is sought on the invention entitled

CERVICAL COLLAR

(the specification of which (check one)

- is attached hereto;
 was filed in the United States under 35 U.S.C. §111 on _____, 08
 U.S. Appln. No. _____; or
 was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international
 (PCT) application, PCT/_____; filed _____, entry requested on _____;
 national stage application received U.S. Appln. No. _____; §371/§102(e) date _____
 (* If known)

and was amended on _____ (if applicable).

(Include dates of amendments under PCT Art. 19 and 34 (fPCT))

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any
 amendment referred to above; and I acknowledge the duty to disclose to the Patent and Trademark Office (PTO) all information
 known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119 (a)-(d) and 365 (b) of any prior foreign application(s) for patent,
 inventor's or plant breeder's rights certificate(s), or under §365(a) of any PCT application which designated at least one country
 other than the U.S., listed below:

Application No.	Country	Filing Date (MM/DD/YYYY)
158036	Israel	09/21/2003

If I claimed foreign priority above, I hereby identify below any foreign application for patent (including an international (PCT)
 application designating a country other than the United States) or for an inventor's or plant breeder's certificate, having a filing
 date before that of the earliest application from which foreign priority is claimed (if left blank, then there are none):

Non-Priority Application No.	Country	Filing Date (MM/DD/YYYY)
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I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional applications listed below:

Application No.	Filing Date (MM/DD/YYYY)
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I hereby claim the benefit under 35 U.S.C. §120 of any prior U.S. non-provisional application(s) or under §365(c) of any prior
 PCT international application(s) designating the U.S., listed below and, insofar as the subject matter of each of the claims of this
 application is not disclosed in such U.S. or PCT international application in the manner provided by the first paragraph of 35
 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information which is material to patentability as defined in 37
 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing
 date of this application:

Application No.	Filing Date (MM/DD/YYYY)	Status (patented, pending, abandoned)
PCT/IL2004/000870	09/20/2004	

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all
 business in the Patent and Trademark Office connected therewith:

All of the practitioners associated with Customer Number 001444

Direct all correspondence to the address associated with Customer Number 001444, which is presently:

BROWDY AND NEIMARK, P.L.L.C.
 624 Ninth Street, N.W.
 Washington, D.C. 20001-5303
 (202) 628-5197

Page 2 of 2 Pages

Atty. Docket#

Title: CERVICAL COLLAR

U.S. Application filed _____ Serial No. _____
PCT Application filed _____ Serial No. _____

The undersigned hereby authorizes the U.S. Attorneys or Agents appointed herein to accept and follow instructions from _____ as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Attorneys or Agents and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Attorneys or Agents appointed herein will be so notified by the undersigned.

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR GEFEN Amit	INVENTOR'S SIGNATURE <i>Amit Gefen</i>	DATE April 24, 2006
RESIDENCE 8 Hacarmel Street, Ganei Tikva, 55900, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS 8 Hacarmel Street, Ganei Tikva, 55900, Israel		
FULL NAME OF SECOND JOINT INVENTOR PELEG LUBOVSKY Michal	INVENTOR'S SIGNATURE	DATE
RESIDENCE 2 Mevo Levona St., Mevaseret Zion 90805, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS 2 Mevo Levona St., Mevaseret Zion 90805, Israel		
FULL NAME OF THIRD JOINT INVENTOR LUBOVSKY Omri	INVENTOR'S SIGNATURE	DATE
RESIDENCE 26 Haboschi St., Mevaseret Zion 90805, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS POB 83128, Mevaseret Zion 90805, Israel		

ALL INVENTORS MUST REVIEW APPLICATION AND DECLARATION BEFORE SIGNING. ALL ALTERATIONS MUST BE INITIALED AND DATED BY ALL INVENTORS PRIOR TO EXECUTION. NO ALTERATIONS CAN BE MADE AFTER THE DECLARATION IS SIGNED. ALL PAGES OF DECLARATION MUST BE SEEN BY ALL INVENTORS.

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 624 Ninth Street, N.W.
 Washington, D.C. 20001-5303
 (202) 628-5197

Title: CERVICAL COLLAR.

U.S. Application filed _____ Serial No. _____
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FULL NAME OF FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
GEFEN Amit RESIDENCE 5 HaCarmel Street, Ganot Tlava, 55900, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS 5 HaCarmel Street, Ganot Tlava, 55900, Israel		
FULL NAME OF SECOND INVENTOR	INVENTOR'S SIGNATURE	DATE
PELEG LUBOVSKY Michal RESIDENCE 2 Meva Levona St., Mavasot Zion 90805, Israel	CITIZENSHIP Israeli	1.5.-96
POST OFFICE ADDRESS 2 Meva Levona St., Mavasot Zion 90805, Israel		
FULL NAME OF THIRD INVENTOR	INVENTOR'S SIGNATURE	DATE
LUBOVSKY Ori RESIDENCE 20 Habosom St., Mavasot Zion 90805, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS POB 83128, Mavasot Zion 90805, Israel		

ALL FIRM/AGENCY THATS/AGENCIES AND ATTORNEYS THATS/AGENCIES ARE IN FULL AGREEMENT BY ALL INVENTORS NAMED TO SIGNATURE. WE ASSURE YOU THAT NO
 TRADE SECRET OR CONFIDENTIAL INFORMATION WILL BE DISCLOSED UNLESS THE PCT DOCUMENT IS MADE PUBLIC. ALL INFORMATION CONTAINED
 HEREIN IS FOR YOUR INFORMATION ONLY.

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FULL NAME OF FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
GEFEN Avital		
RESIDENCE 8 Hacarmel Street, Ganei Tikva, 55900, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS 8 Hacarmel Street, Ganei Tikva, 55900, Israel		
FULL NAME OF SECOND JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
PELEG LUBOVSKY Michal		
RESIDENCE 2 Mevo Levona St., Mevaseret Zion 90805, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS 2 Mevo Levona St., Mevaseret Zion 90805, Israel		
FULL NAME OF THIRD JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
LUBOVSKY Omri	Omri Lubovsky	19/3/06
RESIDENCE 20 Habosem St., Mevaseret Zion 90805, Israel	CITIZENSHIP Israeli	
POST OFFICE ADDRESS POB 83128, Mevaseret Zion 90805, Israel		

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